

PTO/SB/82 (09-04)

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Application Number	10/711,718
Filing Date	SEPTEMBER 30, 2004
First Named Inventor	GARY D. STRINGER
Art Unit	
Examiner Name	
Attorney Docket Number	50131.0002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint the practitioners associated with the Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	GARY STRINGER, DESIGN DEVELOPMENT RESOURCES, INC.				
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City	BRANSON	State	MO	Zip	65616
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Country	USA				
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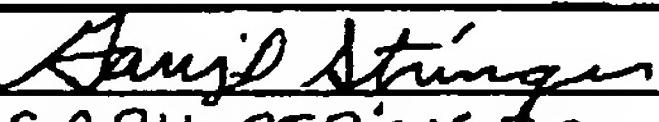
Telephone	1-417-339-0090	Fax	1-417-339-0090		
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	GARY STRINGER				
Date	3-23-2005	Telephone	1-417-339-0090		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

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